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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No ... Ilt death occurred isWard) a hospital or lostitutice. give its NAME instead et street and nomber.] PERSONAL AND STATISTICAL PARTICULAR MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 18 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDDWED. Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY, That I DATE OF BIRTH Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at t day hrs. OR 7 nem BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary (Beration) 10 NAME OF FATHER (Signed PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the (State or country) of death _____ yrs. ____ mos. ___ State _____ yrs. __ _ ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO It not at place of death?-Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Appraved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal applies to each and every person, irrespective of age. been changed or given up on account of the disease mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Physician, Compositor, Architect, Locomotive engineer, material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) by earbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Naras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), Measles (disease causing death), 29 ds.; may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," The nature of the For vio-



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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

Village or City Galland Sacres *FULL NAME Mary On	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / O / Iff death occurred in a hospitel or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, MIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Merch (Day) (Year)	that I last saw have alive on Sept # 191#,
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs 9 mos ds.
9 BIRTHPLACE (State or country)	(Secondary) (Daration) yrs mos ds
11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER 14 BIRTHPLACE OF MOTHER 15 BIRTHPLACE OF MOTHER 16 BIRTHPLACE OF MOTHER 17 BIRTHPLACE OF MOTHER 18 BIRTHPLACE OF MOTHER	(Signed) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address)	ot death yrs. mos. ds. r State yrs, mos. ds. Where wes diseasa contractad, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Address Death 2006 Date of Burial Address Death 2006 Date of Burial
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. K.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or indust;; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative kealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionacum, etc., Carcinosis of lungs, meninges, periionacum, etc., Carcinosis

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," "Coilapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritia mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chrowid ver" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of ___ The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Can-"Exhaustion,"



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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

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of street and nomber. I Barnes PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. smale WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) AGE if LESS than and that death occurred on the date atated above, at ... 1 day hrs. The CAUSE OF DEATH* was as follows: OR 7 malarial tress OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) -----State or country) Contributory. Secondary 10 NAME OF FATHER BIRTHPLACE OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONA, TRANSIENTA. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ __ ds. State Where was disease contracted. if not at place of death? Former or usuai residence 19 PEACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Civil engineer, Stationary freman, etc. But iu many For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner; (b) Cotton mill; (a) tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Salesman, The

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

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are needed, address State Registrar, 6 E Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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10 NAME OF FATHER

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PHYSICIANS should state of OCCUPATION IS very CAUSE OF Important. PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations galufully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, ir tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, it should be used only when needed. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, For many occupations a single wor ness of various pursuits can be known. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, respective of age. or term on the As examples: For persons The question (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing definite and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the childbirth or miscarriage, as "Purrereal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of . (name origin; "Can-Never report



V. S. No. 1.

RECORD	PHYSICIANS should state
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N.B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	Z

Village or City May signed 2 FULL NAME Shudrick	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. St.; Ward) St.; St.; Ward) St.; Ward) St.; Ward) St.; St.; Ward) St.; St.; Ward) St.; St.; St.; St.; St.; St.; St.; St.;
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SMOLE, MARRIEO, MARRIEO, MODIFICATION (N'rite the word) 8 DATE OF BIRTH 7	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year) 7 AGE If LESS than 1 day, hrs. 8 OCCUPATION (a) Trade, protessian, or	that I last saw hand alive on 291, 291, 1915, and that death occurred on the date stated above, at 10 9 m, The CAUSE OF DEATH + was as follows:
particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country.)	Contributory Secondary (Duration) yrs mos ds
10 NAME OF FATHER Abana Davis 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF BY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. Where was disease contracted, if not at place of death?
(Address) May side mod 16 Filed 10/12/-, 1914 Hay Tur Hard REGISTRAR	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 10 LINE COLUMN LAND LAND LAND LAND LAND LAND LAND LAN

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indlvery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of dcath approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of death), 29 ds.; For VIO-



V. S. No. 1.

	FULL NAME Benjamin de	St; Ward) a hospital or I give its NAME of street and n
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE MARRIED, MIDOWED, MICHAEL COLO M Con Oronomical (Write the word)	16 DATE OF DEATH (Month) (Day) (1) 17 I HEREBY CERTIFY, That I attended decease
8 DA	TE OF BIRTH (Month) (Day) (Year)	that I last saw h W. alive on Sefet 9
7 AGE	If LESS than	and that death occurred on the date stated above, at 7-55. The CAUSE OF DEATH* was as follows:
partio	frade, profession, or icular kind of work	(Duration) yrs. mos. Contributory (Secondary)
S	10 NAME OF FATHER Cotioned & Demucel	(Signed) J. L. Westelecce Seffy, 1914 (Address) Peccess Fra
PARENT	OF FATHER (State or country) 6 Times loo	*State the DISEASE CAUSING DEATH, or, in deaths from Vic CAUSES, state (1) MEANS OF INJURY; and (2) whether ACC TAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE AS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos Where was disease contracted,
	ntormant) Charles of Finent	If not at place of death? Former or usual residence.
16 Filed	Sept 12, 191/4 & Dravelier	19 PLACE OF BURIAL OR RENOVAL DATE OF BURIA 20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all all respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal scotichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 da.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. "Contributory." Accidental drowning; Struck by railway train-acctmere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Sarcoma. etc., of .. (Recommendations on statement of (name origin; "Can-Examples:



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ECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.
2	T o
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NEA	Every item of information should be carefully sui CAUSE OF DEATH in plain terms, so that it mainportant. See instructions on back of certificate.
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should state

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registered No. 100 [It death occurred inWard) a hospital or institution, give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Day) Write the word I HEREBY CERTIFY. That I attended deceased from (Year) (Month) (Day) If 'LESS than TAGE aunt and that death occurred on the date stated above, at 1 day hrs. OR ? BOCCUPATION (a) Trade, prefession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE ARENT OF FATHER State the Disease Causing Death, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE In the At place OF MOTHER of death yrs. mos. ds. State yrs mos ds. (State or country) Where was disease contracted. It not at place of death? Former or usual residence OF BURIAL (Address) ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not mine, etc. Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative heaithful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

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V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

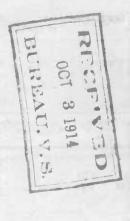
	res or City New Search No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7 AGE 8 OCC (a) Ti partic (b) 6 busine which	TE OF BIRTH (Month) (Day (Year)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from I had a carting of to inquest over 191 that I last saw h alive on Chounty 191 and that death occurred on the date stated above, at many 191 The CAUSE OF DEATH* was as follows: Careed Fambon wife for inquest its Careed Fambon (Duration) yrs mos day Contributory Secondary
PARENTS	10 NAME OF FATHER SCALLES ACCUSED AND ALL STATES ACCUSED ACCUSED AND ALL STATES ACCUSED ACCUSED ACCUSED ACCUSED ACCUSED ACCUSED ACCUSED A	(Signed) Clennag Courty , M. I "State the Disease Causing Death, or, in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Acciden Tal, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients on Recent Residents) At place in the of death yrs. mos. ds. State yrs. mos. di Where was disease contracted, if not at place of death? Former or usual residence. 19 Place of Burial or Removal 20 Undertaker Address

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to caeh and every person, irrespective of age. ness of various pursuits can be known. The question Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Preeise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

V. S. No. 1.

	1 PLACE OF DEATH 8916	STATE OF MARYLAND
Co	unty phase	CERTIFICATE OF DEATH
	1/ 0 /10	Registration Dist, No. 108
Vil	lage or City Augherul No.,	St.; Ward) [If death occurred is a hospital or institution,
	Comilia	give its NAME lostead of street and combsr.]
	FULL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7	male, While, Single, Married, wipower, or provonce, Ownite the word)	16 DATE OF DEATH Sefs 29, 1914 (Month) (Day (Year)
5 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	Selet 29 1853	Muy 23, 1914, to Defet 29, 1914,
	(Month) (Day (Year)	that I last saw here alive on Sefet 29 ,1914
TAG		and that death occurred on the date stated above, at 11-450 m.
	yrs mos ds OR min. ?"	The CAUSE OF DEATH* was as follows:
	CCUPATION //	Wropsey
	Trade, profession, or Housewife	
	General nature of industry, iness, or establishment in	/
whi	ch employed (or employer)	(Duration) yrs mos 38.
9 81	RTHPLACE (State or country)	Secondary Secondary
_	10 NAME OF	(Duration) yrs mos 6 ds.
	FATHER John Sweney	(Signed) / Welherbridge, M. D.
ITS	11 BIRTHPLACE OF FATHER	Dept 29, 1914 (Address) Sharlotte Hall ma
ARENTS	OF FATHER (State or country) Onat so had	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
PA	12 MAIDEN NAME OF MOTHER	
	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
	(State or country) & has MA	of deathyrs,mosds. Stateyrs,mosds Where was disease contracted.
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place ot death?
((Informant) John Develvey	Former or usual residence
	(Address) autor mal	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Salar O MA.	Marble Chapel St Mary , Selat 30, 1914
File	ed Defet 29, 191 Surf Suefe facts FIEGISTRAR	Les Struk Lu Bois
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. of Jersons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid neumonia"); Lobar meumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds., valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maing "Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage as "Puerperal septiehaegenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Coniffection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Hacmorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Exhaustion," For VIO-



V. S. No. 1.

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of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state To DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS CAUSE OF I

County Canarles.

Village or City Done as les (No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 109

Vii	lage or City Ooneaster (No.)	St.; Ward) [If death occurred la a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	A COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (North) (Day (Year) 17 I hereby certify, That I attended deceased from
6 D	ATE OF BIRTH Supt 4, 1914 (Month) (Day (Year)	
7 A	(=0	and that death occurred on the date stated above, atm. The CAUSE OF DEATH* was as follows:
(a) pa (b) bus	CCUPATION) Trade, profession, or ricular kind of work General nature of industry, ciness, or establishment in lich employed (or employer)	From pains in Stomath There was no (Duration flingsinges 15.
	(State or country) Chas Co md.	Contributory Chysician Secondary (Doration) yrs mos ds.
RENTS	11 BIRTHPLACE OF FATHER (State or country) Chas Co md	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
PAR	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted,
16	(Intermant) Roble & Jackson (Address) Loneas Ly Med.	If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mear Dane asks md
	. XIATIA dl / Mandage	20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal 'Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e.g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthemia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 (Recommendations on statement of The nature of the For Vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

OCT 8 1914

See instructions on back of certificate.

PHYSICIANS should state of OCCUPATION is very RECORD of information should be carefully supplied. AGE should be stated EXACTLY. IDEATH In plain terms, so that it may be properly classified. Exact statement PERMANENT WITH UNFADING INK-THIS of information should WRITE PLAINLY,

CAUSE OF Important.

N. B.

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V. S. No. 1.

1 PLACE OF DEATH

Eliarles



STATE OF MARYLAND CERTIFICATE OF DEATH

	1 2015	Registration Dist, No.
Vil	11age or City hear La Plata (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WITTE (Write the word)	18 DATE OF DEATH Sept 13 th, 1914 Nonth) (Day (Year)
D	(Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from Supt 12, 1914, to Supt 13, 1914, that I last saw h 12 alive on Aug 13, 1914
A	GE COUPATION If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 5-30 Am. The CAUSE OF DEATH* was as follows:
(a pa	CCUPATION 1) Trade, profession, or articular kind of work) General nature of industry, siness, or establishment in lich employed (or employer) IRTHPLACE (State or country) Le harles lec	Ouration) yrs. mos. 4 ds. Contributory Secondary
AKENIS	10 NAME OF FATHER Therdus Ligar 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 4 rank Lyon	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death? Former or usual residence.
6 FII	(Address) La Plan White Plain	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

CE REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the The (0)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonacum, etc., Carcin-

nus," "Old Age," "Shock," "Uraemia," "Wcakness," cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Tuerperal septichaccause. ete., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephrilis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." (Recommendations on statement of Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Scnile," etc.), (secondary or intercurrent) "Dropsy," "Exhaustion," Never report



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County Charles	CERTIFICATE OF DEATH
County	Registered No. 10 C
Village or City munchey (No. 2)	St; Ward) [If death occurred in a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH (Mouth) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH Sefat 16, 1914 (Month) (Day) (Year)	that I last saw h alive on 191
Jess than Skill Leach 1 day,hrs. yrs. mos. ds. OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry,	Fill Course hour Sefure
business, or establishment lo which employed (or employer)	(Duration) yrsmosids.
9 BIRTHPLACE (State or country) 6 hundre 60	(Secondary) (Ouration) (Duration) (Duration)
10 NAME OF FATHER Galworda, J. We Pherson	(Signed) J. W. Truteliere, M. D. Sept 17, 1914 (Address) Ozucian Hisal
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 7	*State the DISEASE CAUSING DEATH, or, in deaths from YIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(lotormant) Educa a Spherasses	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Parnoufly Md	Ormpy Out Com. Sitt. 17 1914
Filed S 20/ 17-, 191 4 P. P. C. REGISTRAR If more blanks are needed, address State Registrar, 6 !	albert Somas Lablata

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at heginning of ilibeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can he known. The question Housewife, Housework, or At Home, and children, not material worked on may form part of the second the nature of the husiness or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinossis of lungs, meninges, peritonaeum, etc..

ture of the American Medical Association.) cause of death approved by Committee on Nomenciadent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ctc., when a definite disease can be ascertained as the nant neoplasms); Measles; Whooping cough; Chronic "Contributory." injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Pubbrebal septichaemus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or Bronchopncumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is iess definite; avoid use of "Tumor" for malig which surgical operation was undertaken. oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senife," etc.), "Dropsy," (Recommendations on statement of (disease causing terminai conditions, such as "Au-(name origin; "Candeath), 29 ds.; State cause for "Exhaustion," Examples: For vio-



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1 PLACE OF DEATH 8920 County Charles	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. /6 (2)
Village or City Inclience Wend (No.	St; Ward) [If death occurred a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH (Mouth) (Day) (Year)
6 DATE OF BIRTH July 5- (Month) (Day)	17 I HEREBY CERTIFY, That I attended deceased fro 1914 (Year) that I last saw here alive on file 8 , 1914
1.0	LESS than and that death occurred on the date stated above, at 6.200 n The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment to which employed (or employer) BIRTHPLACE (State or country) Sacdeance Alecacion	Contributory (Secondary) (Duration) yrs. mos. d
O 11 SIRTHPLACE OFFATHER O 11 SIRTHPLACE O (State or country)	ly (Signed) f. W. Tuitalier M. [M. J. J. J. J. J. (Address) Indian Place
12 MAIDEN NAME OF MOTHEB 13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country) & Zock & Society & State or Country & State or Country) & Zock & Society & State or Country) & Zock & Society & Soci	of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence
File til 9 1944 & Dualsh	and 29 UNDERTAKER STRAR 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
if more blanks are needed, address State Regi	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and chlidren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necmine, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinosis of lungs, meninges, peritonaeum, etc.,

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. chlidbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railieay train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgleal operation was undertaken. mia," "PUEEPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senlie," etc.), "Dropsy," "Exhaustion," "Coilapse." "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig. mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-Never report Examples:



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N. B.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state beath in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS CAUSE OF I

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Ocunty Okoles

Village or City Howard & FULL NAME

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-St.;-----Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX	4 COLOR OR RACE Saingle, MARRIED, Suigle Wild Write the word)	(Month) (Day) , 191
	Sud remember 1913 (Month) (Day) (Year)	that I last saw have allve on aug 191
AGE	yrs. 10 mos. ds. or min.?	and that death occurred on the date stated above, at
(a) Tra partice	ade, protession, er ular kind et work	Jasho-luk hilis
which	ss, or establishment in employed (or employer)	Contributory (Duration) yrs mos
Stat	ONAME OF Allot & Morau BIRTHPLACE OF FATHER OF FATHER OF FATHER	(Signed) (Signed) (Signed) (Address) Privation No.
13	2 MAIDEN NAME OF MOTHER TOUISE POLICE	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLEN. CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT
	S BIRTHPLACE OF MOTHER (State or country)	At place In the state yrs, mos ds. State yrs, mcs mcs.
	ormant) A 19, morau	Where was disease contracted, if oot at place of death? Former or usual residence
8	(Address)	St man Such Emputor Sept 9, 1916
Filed		20 ONDENTAKER ADDRESS,

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSINO DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease causation in the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

childbirth or miscarriage, as "PUERPERAL scpticharmus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genitai," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 ds.: cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis uant neoplasms); Measles; Whooping cough; Chronical ture of the American Medical Association.) "Contributory." injury, as fracture of skuil, and consequences (e. g., Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report oma. Surcoma. etc., of is icss definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin: "Can Examples: For vio-



S. No. 1.

N. B.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. PERMANENT WITH UNFADING INK-THIS IS Every Item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back of WRITE

ounty Charles 8922

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;----Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

L NAME Dom Martha Dules

	PERSO	NAL AND STATISTIC	SAL PARTICULARS	S	MEDICAL CERTIFICATE OF DEATH
3 s	Fisnerk	4 COLOR OR RACE Black	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	idoud	16 DATE OF DEATH (North) (Day (Year) 17 1 HEREBY GERTIFY. That I attended deceased from
6 D	ATE OF BIRTH	(Month)	Musue	, 1(Year)	that I hast saw her alive on the 25 1914
7 A	Thut	56 yrs	1	If LESS than day,hrs.	and that death occurred on the date stated above, atm, The GAUSE OF DEATH* was as follows:
(a pa	CCUPATION) Trade, profession, articular kind of wo) General nature of	rk	leon		soffene Climbusis
bus	siness, or established (or e	shment in			(Duration) 3 yrs mos ds.
98	State or cour	ntry) Wing	mà		Gentributory Secondary
OF TATHER MAKNOWN 11 BIRTHPLACE OF FATHER OF TATHER OF TATHER			(Signed) GO, Bickmill, M.D. Sept 1, 191 4 (Address) Prigale Mod		
PARE	12 MAIDEN OF MOT		nknow	u	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLA OF MOTH (State or	ACE IER country)	retimore	n	At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted,
	(Informant)	JULIUE TO THE BES	Denne Lange	DGE	If not at subsect Contractes, If not at place of death? Former or usual residence.
15	(Address)	Rugar	(The	1500	Smith Charles Sept 8 1914
FI	led Sels-7	1914 7.4.7	was Re	EGISTRAR	C. D. Carpenter Lisaah med
		If more blanks a	re needed, address	State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Ilyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," ctc. childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. genital," "Senilc," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for For vio-



No. vi

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very PERMANENT RECORD of information should be carefully supplied. AGE should be stated EXACTLY.

DEATH in plain terms, so that it may be properly classified. Exact statement See instructions on back of certificate. 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.—Every Item of CAUSE OF DIMPORTANT. S.

	1 PLACE OF DEATH 8923 Cunty Charles Hage or City Indian Head No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
	2FULL NAME X) CLC (J T T T T T T T T T T T T T T T T T T	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE:	4 COLOR OR RACE SINGLE, MARRIEO, Jungle Widoweo, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DA	TE OF BIRTH	
	(Month) (Day) (Year)	that I last saw h alive on ,191,
7 AG	Stell Oran it LESS than t day,hrs.	and that death occurred on the date stated above, at
(a)	CUPATION Frade, protession, or Icular kind of work	
busin	General nature ot industry, less, or establishment in h employed (or employer)	(Ouration) yrsmosds.
9 BII (Sta	ate or country) Chas. Leo.	Contributory (Secondary) (Ouration) Yrs mos de
	10 NAME OF FATHER James Pooter Pennie	(Signed) J. P. Imurshall Los B., M. D.
ENTS	of FATHER (State or country) Chus. Ces.	(Address) Powerfley 2nd (State the Disease Causing Death, or, in deaths from Violent
PARE	12 MAIDEN NAME OF MOTHER Possyena Donastilla Primis	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORTED
	13 BIRTHPLACE OF MOTHER (State or country) Chan Co.	OR RECENT RESIDENTS) At place in the of death yrs, mos ds.
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death? Former or
((Address) Indean Had	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File	Paris a D marshall	St Charles Sept 23, 1914 20 UNDERTAKER James Prinis Indean Head
	If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of IIIbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

mus," cause of death approved by Committee on Nomencla Accidental drowning; Struck by railway train-accisuch, if Impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal scottchae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the genital," "Senile." etc.), ample: Measles (disease causing death), 29 ds.: ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Okronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ The contributory "Old Age," "Shock," "Traemia," "Weakness," (Recommendations on statement of (secondary or intercurrent "Dropsy," "Exhaustion," (name origin; "Can Never report Examples:



S. No. 1.

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8924



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 103

...Ward)

[If death occurred in a hospital or institution, give its NAME Instead

ADDRESS

P	ERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	dolored 5 single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 9 5 , 191 4 (Month) (Day (Year)
D 1	RTH	17 I HEREBY CERTIFY, That I attended deceased from
m IV IL		Jan. 20, 1914, to March & 64, 1914.
***************************************	(Month) (Day (Year)	that I last saw h 12 alive on 22 alive on 226 1 1914
17 yrs.	If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 12 m, The GAUSE OF DEATH* was as follows:
fession, or	If Home	- Lutuentaria
ature of industry, establishment in d (or employer)		(Duration) yrs & mos ds.
CE r country)		Secondary Y
IE OF	illian Procto	(Signed) (Duration) yrs mos ds.
THPLACE FATHER ate or country)	Black G	Seft 6.1 , 191 4 (Address) Daysiel
DEN NAME MOTHER	I Il A P.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
THPLACE MOTHER ate or country)	harle bo	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds
VE IS TRUE TO THE BEST O	OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
gentia	10	usual residence
ess) dan	Chren God	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1-7 101 W	flow81	hewfort Church Sift 7, 1914

REGISTRA

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Filed Sept-7, 1914 Charles

[Approved by U. S. Census and American Public Health Association.]

"Statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as (a) Spinner; (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for nant neoplasms); Meastes; Whooping cough; Chronic childbirth or miscarriage as "Puerperal scptichaeoma, Sarcoma, etc., of. (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (mcrely symptomatic), "Atrophy," ample: Mcastes (discase causing death), 29 ds.; affection need no be stated unless important. valvular heart disease; Chronic interstitial nephritis, sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viogenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of dcath approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopneumonia is less definite; avoid use of "Tumor" for malig-The contributory (Recommendations on statement of (secondary), 10 ds. Never report (secondary or intercurrent) "Exhaustion,"



BINDING FOR RESERVED MARGIN

V. S. No. 1.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 UNFADING INK-THIS See instructions on back of certificate. N. B.—Every Item of Information should be CAUSE OF DEATH in plain terms, se WRITE important.

Very

8925 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

lif death occurred in

2FULL NAME TOUBLES	St.; Ward) a hospital or instituting, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, ORDIVORGES (Write the word)	16 DATE OF DEATH (Month) (Day (Your) 17 I hereby Certify, That I attended deceased from
TAGE AGE (Month) (Day (Year)	that I last eaw h haslive on 75/75 194
9 OCCUPATION 1 day,hrs.	The Callett OF DEATH + was as rollown:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which emplayed (ar emplayer)	(Duration) firs. mas dis.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Address) (Address
of Mother 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY PROVIDEDGE (informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mas, ds. State yrs, mos, ds Where was disease contracted, If not at place of death? Former or usual residence
(Address) 16 Filed	rar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 4Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," themia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accietc., when a definite disease can be ascertained as the genital," The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations ou statement of For Vio-



V. S. No. 1.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. PERMANENT 4 IS UNFADING INK-THIS WITH PLAINLY, WRITE N. B.

County Charles	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. / /
Vitlage or City Mashing (No., -, -	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Franke loolor 2 S Single, MARRIED, Ingle ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH (Month) (Day (Year)	that I last saw halive on, 191, 191
7 AGE It LESS than t day,hrs. ORmin. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country.)	Contributory Secondary
10 NAME OF FATHER Robot Poyer 11 BIRTHPLACE OF FATHER (State or country) Columbia Co Ind 22 NAME OF STATE OF	(Signed) (Si
of Mother Ligness Souson 13 BIRTHPLACE OF MOTHER (State or country) lokales les In d 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Rolf Payer	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, It not at place of death?
(Address) Merbuy md 16 Filed Left 26, 1914 The Loutherland	19 PLACE OF BURIAL OR REMOVAL Lown walkscheck Sept 24 , 1914. 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. statement. additional line is provided for the latter statement; cases, especially in industrial employments, it is necbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meminges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-



UNFADING INK-THIS

PLAINLY, WITH

WRITE

Every Item of Information should be CAUSE OF DEATH in plain terms, so

N. B.

carefully supplied. that It may be

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

RECORD

PERMANENT

4

certificate. See instructions on back of Important.

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St:----...Ward) [It death occurred in a hospital or Institution.

	2FULL NAME Mary Relies	Thomas give its NAME instead of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 58	4 COLOR OR RACE Single, MARRIEO, Single, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 D	ATE OF BIRTH Compared to the second of the	that I last saw h alive on 191
7 A	GE	and that death occurred on the date stated above, at
(a) pai (b) bus	CCUPATION) Trade, profession, or ricular kind of work General nature of industry, iness, or establishment in ich employed (or employer)	Canse untrovotoration yrs. mos. ds.
9 B (S	10 NAME OF HENRY Thomas	Contributory (Secondary) (Duration) yrs. mos. ds. (Signed) Analysis Lo. B., M.B.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Con article Co. 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Charles Co,	OR RECENT RESIDENTS) At place in the oldeath
14-	(Informant) A STATE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
16	(Address) Homoshall	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
H	BOCK REGISTRAR	James Ferry Gideon Head

If more blanks are needed, address State Regis trar, & F. Franklin St., Bsito., Requesting V. S. No. 1.

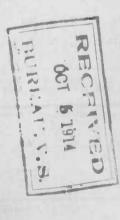
No. i

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons (g)

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia schsis, tctanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Puerperal septichaeinus," "Oid Age," "Shock," "Traemia," "Wcakness," genitai," "Senile," etc.), "Dropsy," "Exhaustion," injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. Hart failure," "Haemorrhage," "Inanition," "Maras "Coliapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can death), 29 ds.: State cause for Examples: For vio-



No.

80

arefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very PERMANENT RECORD 4 UNFADING INK-THIS IS oarefully supplied. WRITE PLAINLY, WITH Every Item of Information should be CAUSE OF DEATH in plain terms, so

certificate.

See instructions on back of

Important.

N. B.-

PLACE OF DEATH 8928 Gounty 6 Love Village or City Dryautom (No. 2 PULL NAME Many Thomas	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death accurred is a hospital nr institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Fluxer Color or RACE Single, MARRIEO, WIDOWEO, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That J attended decessed from
6 DATE OF BIRTH Do not There (Month) (Day) (Year)	that I last saw har allve on Bup 221, 1914
TAGE If LESS than 1 day,	and that death occurred on the date stated above, at 10 a, m, The CAUSE OF DEATH* was as follows: Shakisis Sulmondus (Duraflon) yrs 9 mos ds.
9 BIRTHPLACE (State or country) Med,	Contributory (Secondary) (Ourafion) yrs mos ds.
10 NAME OF FATHER Mey, Johnson 11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER Facely Driver	(Signed)
of Mother falle Dywer 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) Maggie formul	16 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if oot at place of death? Former or usual residence.
(Address) Mefaceoned, Ned,	19 PLACE OF BURIAL OR REMOVAL At. Morris Cherch Prejantone August 1914 20 UNDERTAKER ADDRESS

if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples: For persons (d)

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 de.; affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "PUERPERAL septichacetc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis pant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of ture of the American Medical Association.) mere symptoms or terminal conditions, such as "As-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
OCT \$ 1914
BUREAU, V.S.

N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
and Oharles	CERTIFICATE OF DEATH
County Chartes	Registration Dist, No. 108
Village or City Pug worth wo.	St.; Ward) [If death occurred in
m - 494	a hospital or institution, give its NAME instead of street and number.]
FULL NAME JAM	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemes 4 COLOR OR RACE SINGLE, MARRIED, WISOWED, ORDIVORCED ORDIVORCED ORDIVORCED WORTH	16 DATE OF DEATH (Month) (Day (Year)
© DATE OF BIRTH DEC 9 , 9/4	that I last saw he alive on the last saw he alive saw he alive on the last saw he alive saw he ali
7 AGE (Month) (Day (Year)	1 DI
9 1 day,hrs.	and that death occurred on the date stated above, atm.
yrs, mosds. ORmin.?	The CAUSE OF DEATH* was as follows
(a) Trade, profession, or particular kind of work	7 / 2000 /
(b) General nature of Industry.	14.
business, or establishment in which employed (or employer)	(Duration) yrs mos. ds.
9 BIRTHPLACE (State or country)	Secondary Juliania Juliania
10 NAME OF TATHER OF A TROUB	(Signad) Fred & Chappenger M. D.
11 BIRTHPLACE OF FATHER (State or country)	Apt 9,134 (Address) Bug Levill Mil
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER	tate the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
14 THE ABOVE IS THE TO THE BEST OF MY KNOWLEDGE	of deathyrs mos ds. State yrs mos ds Where was disease contracted,
De la	If not at place of death?
(Informant)	usual residence
(Address) Akglusville Ml	19 MACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed, 191	20 UNDERTAKER ADDRESS
REGISTRAR	Pulis Johnson Bustinoll.
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING NEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations guinfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an been changed or given up on account of the nisease material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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mia," "Tuerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. inus," "Old Age," "Shock," "Uraemla," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned cte, when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For VIO-



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A PERMANENT RECORD

Ocunty Breke	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
Village or City Soulones (No	St.; Ward) St.; Ward) A hospital or lostitution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That, I attended deceased from
B DATE OF BIRTH Storage 10 A 19// (Month) (Day) (Year)	ellorch 18, 1914 to 14, 1914 that I last saw hand alive on last 15 1914
7 AGE If LESS than t day,hrs. ORmin. ?	The time detail decorred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work	The second secon
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Med,	Contributory Cuesca (Secondary)
10 NAME OF FATHER Janus ?. Hond	(Signed) (Duration) yrs 8 mos ds. (Signed) , M. D. , 191 (Address) Magantino ma
OFFATHER (State or country) Z (State or country) M (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) M.A.,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds.
informant) James of My Knowledge	Where was disease contracted, if oot at place of death? Former or usual residence
Filed September 16 Filed September 1914 Front Chappeleus Recistrar 16 more blanks are needed, address State iteriate	19 PLACE OF BURIAL OR REMOVAL Skirily Church Sept. 181. 20 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Never return "Laborer," For persons "Foreman," 9

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under childbirth or miscarriage, as "Tuerperal scottchae ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis cause of death approved by Committee on Nomencla injury; as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthonia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. -Hart failure," "Haemorrhage," "Inanition," "Maras-The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples:



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is year important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

C	PLACE OF DEATH 8931	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 10-7
٧	Illage or City Porjaulom (No	St.; Ward) [If death eccorred in a hospital or institution, give its NAME instead of street and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That attended deceased from
6 D	ATE OF BIRTH Sepo, 16, 1995 (Month) (Day) (Year)	that I last saw h in alive on Defra, 4th, 1915
TAG	1 LESS thao 1 day, hrs.	and that death occurred on the date stated above, at 2 m, The GAUSE OF DEATH* was as follows:
(a) pai	Trade, profession, or Hann labored	The thing Pulmonalis
bus	General nature of Industry, ness, or establishment to ch employed (or employer)	Gontributory. (Duration) yrs. 9 mos. ds.
• (S	RTHPLACE tate or country) Tend	(Secondary) (Duration) yrs mos ds.
S	10 NAME OF FATHER Dave Doch gton	(Signed) . C. Quies , N. D.
ARENT	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PAR	13 BIRTHPLACE OF MOTHER (State or country). 13 Birthplace OF MOTHER (State or country).	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
147	Interment) Albert Cooking ton	Where was disease contracted, If not at place of death? Former or usual residence
15	(Address): Poryauton, rul,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DET 2 1914
	PG, 191	20 UNDERTAKER ADDRESS Les, D. Tracer Tay avenue My
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry; and therefore an tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question material worked on may form part of the second Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscia

such, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerreral schtichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as -Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds. mant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of . cause of death approved by Committee on Nomencla-"Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Convulsions," "Debility" ("Con-(name origin; "Can State cause for Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

OCT 8 1914 .

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT of information

WRITE

8. No. 1.

certificate.

See instructions on back of

N. B.-Every Item CAUSE OF Important.

RECORD

8932

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No/03

St.; Ward)

[it death occurred in a hospital or institution, give its NAME instead of street and number 1

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX		16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DA	(Month) (Day) (Year)	that I last saw h and alive on Sef 27, 191 %, 191 %, 191 %, and that death occurred on the date stated above, st. 3, 20% m.
· AGI	yrs. 7 mos. / ds. 1 day,hro. ORmin. ?	The CAUSE OF DEATH* was as follows:
(a) T parti (b) 6 busing which	CUPATION frada, prefession, or cular kind of work	(Buration) yrs mos 2.ds Contributory Carry Carry The Theory (Secondary)
ENTS	10 NAME OF James Dr. Need 11 BIRTHPLACE (STATHER (State or country) 12 MAIDEN NAME	(Signed) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
14 TH	of Mother Came Welsh 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HDSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in tha ot death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death?
15 Flied	(Address) Factory (Address) July L. S. Herbert	19 PLACE OF BURIAL OR REMOVAL NEW PLANT CEMETERY 20 UNDERTAKER ADDRESS Ref. 2 April 200

41 more blanks are needed, address State Registrar, 6 E. Frankfin St., Balto., Requesting V. S. No. 1,

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemald, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosis of lungs, meninges, peritonaeum, etc...

ture of the American Medical Association.) sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or mlscarriage, as "Purepresal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genltal," "Senile," etc.), "Dropsy," "Exhaustion," valvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary). 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. "Collapse." "Coma," "Convulsions," "Debility" ("Connant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of (name orlgin; "Can-State cause for For VIO-



B. No.

N.B.

See instructions on back of certificate.

-Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 UNFADING INK-THIS PLAINLY, WITH WRITE Important. 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

.Ward)

[if death occurred to a hospital or Institution,

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE SINGLE, MARRIED, MIDOWED, WIDOWED, WIDOWED, (Write the word)	16 DATE OF DEATH Jonth Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h 12 alive on Alfry 1914
7 AGE 1 If LESS than 1 day,hrs. ORmio.?	and that death occurred on the date stated above, at A m, The CAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment lu which employed (or employer)	Q (Duration) yrs mos ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER	(Secondary) (Deration) yrs mes ds. (Signed)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds, State yrs, mos, ds. Where was disease contracted,
(Interment) Ivasle brillenson	If not at place of death?————————————————————————————————————
(Address) Galland Green Ma	Salland Green HAR 1814
Filed	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; been changed or given up on account of the DISEASE Housewifc, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return "Laborer," For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

such, if impossible to determine definitely. Examples: mia," "PUERPEBAL peritonitis," etc. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "PURRPERAL septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis "Contributory." "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Ohronia er" is less definite; avoid use of "Tumor" for malls Sarcoma. etc., of __ The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Candeath), 29 ds.; State cause for "Exhaustion,"



V. S. No. 1.

-Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT N

Village or City PLACE OF DEATH 8934 Village or City Prull NAME Prull NAME	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
G DATE OF BIRTH 4 COLOR OF RACE 6 SINGLE, WARRIED, W	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year) 7 AGE If LESS than 1 day,hrs. ORmin, 30 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) Beneral nature of industry, business, or establishment in	that I last saw h.42_ alive on
which employed (or employer) **BIRTHPLACE (State or country) Charles A. 7nd 10 NAME OF A. 0. 0.10 7	Contributory Secondary (Doration)yrsmosds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country)	(Signed)
(Informant) (Address) (Address)	Where was disease contracted, it not at place of death?————————————————————————————————————
Filed // 1914 Army 24. 1/254	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Care Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Groeery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) If the occupation has "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-losis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgleal operation was undertaken. mere symptoms or terminal conditions, such as "Ascause of death approved by Committee on Nomencia-"Contributory." dent; Revolver wound of head-homieide; Poisoned Aceidental drowning; Struck by railway train-acciture of the American Medicai Association. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Exhaustion," For VIO-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

TAGE Month (Day (Year) 1914 to Section 1914 1914 to Section 1914 1914 to Section 1914 1914 to Section 1914 to Section	ounty Charles Village or City Auroba No. 7 2 FULL NAME Many Elizebeth	STATE OF MARYLAND CERTIFICATE OF DEATH (0 × Registration Dist, No. St.; Ward) St.; Ward) Chingate State of Maryland [If death occurred is a hospital or institution, give its NAME instead of street and nomber.]
### Hereby Certify. That I attended deceased from September (Month) (Day (Year)) Total Continuous of the september of the	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE (Month) (Day (Year) (Month) (Day (Year) (And that I last saw h allve on S.ft. 25, 191.9 and that death occurred on the date atated above, at 10.30 an	Female State MARRIED, MANUEL WIDOWED; ORDINGRED (Write the word)	(Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
38 yrs 4 mos 24 ds. OR min.? BOCCUPATION The CAUSE OF DEATH* was as follows:	(Month) (Day (Year)	
	3 8 1 dayhrs.	
(a) fraue, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) **Contributory** Secondary **Contribu	(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Contributory (Durafien) yrs mes. /5 ds.
Signed J. Birthplace of FATHER D. 100 / Signed Str. 31. 1914. (Address) Manying.	The Somest Cooksey 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAMES 12 MAIDEN NAMES	(Signed) J. L. Higdon, M. D.
	13 BIRTHPLACE OF MOTHER (State or country) Mcomico, Ind.	At place in the of death yrs mos ds. State yrs mos ds Where was disease contracted,
(Informant) Kollet L. Cooksey (Address) Int. Victoria, Int. 16 Filed 120 191 Juny W. Ward. 100 101 102 103 104 105 107 107 108 109 109 109 109 109 109 109	(Address) Int. Victoria, Int.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mr. 4 May Mayside 6cf /3f, 131/4
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.		trar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic Bronchopneumonia (secondary), 10 ds. Never report symple: Measles (disease causing affection need not be stated unless important. etc. The contributory (secondary or intercurrent) cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-HENT DEATHS State MEANS OF INJURY and qualify as "Contributory." which surgical operation was undertaken. pus," "Oid Age," "Shock," "Uraemia," "Weakness," henia," "Anacmia" (merely symptomatic), "Atrophy," lc., when a definite disease can be ascertained as the Collapse," "Coma," "Convulsions," "Debility" ("Contetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," ctc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion," For VIO-

